Spring 5-2018

The Language Barrier in Healthcare: Quality of Care and Health Literacy

Jacob Warren Garrett
University of Southern Mississippi

The University of Southern Mississippi

The Language Barrier in Healthcare: Quality of Care and Health Literacy

by

Jacob Garrett

A Thesis
Submitted to the Honors College of
The University of Southern Mississippi
in Partial Fulfillment
of the Requirements for the Degree of
Bachelor of Arts in the
Department of Foreign Languages and Literatures

May 2018

Approved by

_____

Christopher Miles, Ph.D., Thesis Advisor and Chair
Department of Foreign Languages and Literatures

_____

Ellen Weinauer, Ph.D., Dean

Abstract

As the number of Spanish speaking immigrants coming to the United States increases, there will also be an increase in the number of LEP patients will seek medical care. In Hattiesburg, Mississippi alone there are over 7,000 people listed as Hispanic/Latino (2010 Census, U.S.gov). This research examines the experiences of LEP patients in the Hattiesburg area and focuses on three main areas: (1) if a language barrier exists for these patients when they seek care (2) if the quality of care of these patients is affected by the inability of the patient and provider to orally communicate (3) if the health literacy level of LEP patients is impacted in a negative manner. The study provides perspectives from patients, providers, and a medical interpreter in order to fully show what these medical experiences are like for all parties involved. Eight LEP patients were interviewed in a 20-30 minute sit down sessions along with a non-Spanish-speaking provider and a medical interpreter. The interview dialogs indicated that (1) a language barrier does exist for LEP patients in the Hattiesburg area, (2) all 10 interviewees agreed that the quality of care provided to LEP patients is negatively affected due to the inability of patients and providers to orally communicate, and (3) all 10 interviewees agreed that LEP patients' health literacy is or could be negatively affected due to the language barrier found in Hattiesburg. No bilingual provider was able be located to participate in the study, indicating a lack of accessibility for LEP patients to use bilingual providers. Common themes of frustration, optimism, and desire to see improvements were present throughout the interviews. This study can serve as a beginning of a conversation of how

improvements could be made to the care of LEP patients in Hattiesburg and includes suggestions from patients, a provider, and a medical interpreter.

Key Words: Healthcare, language barrier, limited English proficiency, quality of care, health literacy

Dedication:

My parents, Mark and Theresa Garrett:

Thank you for providing me with countless opportunities and support.

My future patients:

I hope this research spurs more conversations on how our health system in the United States can be improved to help patients with limited English proficiency. Thank you for the motivation to work on this project and to one day serve you as a bilingual provider.

Acknowledgements:

First, I would like to thank my thesis adviser, Dr. Christopher Miles. From the very beginning of this project he offered nothing other excitement, constant support, and encouragement. Working on this project with Dr. Miles will always be a fond memory. I would also like to thank the English Language Institute at the University of Southern Mississippi for allowing me to work with students in their program. Without the help and kindness of the students from this program I would not have been able to complete this thesis. Thank you to all interview participants in the study; it was a pleasure meeting and working with each of you.

I would also like to thank Jamie Jackson and my family and friends for encouraging me throughout the process of completing this project. You wouldn't let me give up despite the ups and downs of figuring this journey out, and for that I will always be grateful.

Table of Contents:

List of Tables:

List of Abbreviations:

ELI	English Language Institute
HIPAA	Health Insurance Portability and Accountability Act
LEP	Limited English Proficient
MS	Mississippi
U.S.	United States
USM	The University of Southern Mississippi

Chapter 1: Introduction

Entering the intimidating environment of a hospital or health clinic both in emergency situations and normal checkups for persons with a low proficiency to communicate in English can lead to a complicated situation with many different factors coming into play. According to the 2010 United States census report, in the three largest counties by population surrounding the city of Hattiesburg; Lamar, Jones, and Forest County, over 7,000 people are listed as Hispanic or Latino. Due to both cultural and linguistic differences, as the Hispanic/Latino population continues to rise throughout the United States, specifically in the Hattiesburg, Mississippi area, providing quality health services with high efficacy to this population becomes increasingly difficult. The 1964 Civil Rights Act (also known as Title VI) affirms that "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." This guarantees that all people have equal rights if federal funds were being used as assistance or compensation in the case of healthcare providers (Chen et. al, 2007). In 1980 the Supreme Court interpreted that speaking another language other than English was an extension of the phrase "national origin" in the 1964 Civil Rights Act putting into motion the requirements for better access for peoples with low English proficiency levels (Chen et. al, 2007). Finally, in 2000 President Clinton issued Executive Order 13166 which reinforced the outlines for providers on access for Limited English Proficient individuals to their services by ensuring that every organization that received federal funding have a plan to improve

their LEP programs (Chen et. al, 2007). In 2001, the Office of Minority Health issued its final version of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) that included 14 standards on how these organizations could improve access for LEP individuals, 4 specifically dealing with language (Martinez 2008), but due to states passing their own laws and the "grey" areas found within Title VI; some LEP individuals still face difficulties when seeking care. Health literacy is the term used to describe how well a patient has the ability to decipher medical situations, their level of critical thinking, their understanding of medical terminology, and their ability to make informed medical decisions (Stonbraker et. al, 2015). Through interviews, this study aims to determine if the experiences of healthcare providers both Spanish-speaking and non-Spanish speaking, a medical interpreter, and Hispanic/Latino LEP patients illustrate that the actual care, and the patients' overall health literacy is affected by the language barrier found in healthcare in the Hattiesburg area. If the language barrier between Spanish speakers and healthcare providers exists, then in what ways and to what degree does it affect the quality of care that the patient receives and more so how is the patient's overall health literacy affected?

Chapter 2: Literature Review

Evidence of compromised care as a result of LEP individuals' inabilities to communicate with healthcare providers has already been shown in a number of studies. The study completed by T. Silo and M. Joshi (2015) focuses on the opinion of physicians serving as surgeons in General Surgery in a District Hospital. The physicians were selected after their frequency of encounters with LEP individuals was evaluated, along with their strategies to minimize complications and if they had access to interpreters. By providing these surgeons with a 9-point questionnaire with a range of questions, the physicians (22 of 32 reporting) were able to speak from experience on if the quality of care they could provide to these individuals was affected or if they felt like they experienced situations with LEP peoples frequently (Silo and Joshi 2015). 17 of the 22 surgeons (77 percent) that responded to the questionnaire reported that they experienced regular medical encounters with LEP individuals and 20 of the 22 participants (90 percent) reported that they did not have access to professional medical interpreters (Silo and Joshi 2015). Furthermore, only 12 surgeons (55 percent) reported that they were able to adequately communicate with LEP patients (Silo and Joshi 2015). In these specific encounters, strategies found to help in these situations were the use of personal language skills, patients' relatives, and other staff. Overall it was reported that 16 of the 22 surgeons (73 percent) responded that the delivery of care to these patients was compromised and that strategies to mitigate this should be expanded (Silo and Joshi 2015).

In Southern Texas, a study where 34 LEP (Spanish speaking) patients were interviewed in an effort to shine light on their experiences in healthcare in a highly bilingual area was completed (Martinez 2008). Specifically it looked to find out how laws were implemented in an area with such a large population of bilingual people. Researchers focused in on this geographic inequality of these language services through the above-mentioned interviews in Spanish. The participants were asked to use their memory of their clinical experiences with the language services offered in an effort to get long narratives from the interviewees. The participants were selected using 3 criteria: (1) monolingual in Spanish, (2) show a diagnosis of a chronic illness within the previous 10 years, (3) have visited a health clinic in the area within the last month (Martinez 2008). Eight male patients, from the age of 40-75, along with 26 female patients, between the ages of 20-85, were interviewed. It was found that women see the doctor more regularly in the area as men push off their visits more frequently which explained the discrepancy between the pools of interviewees (Martinez 2008). It is important to note that all participants suffered from chronic illnesses. The participants were first asked to describe their condition in a controlled setting. Next, they were asked about their experiences with physicians and other healthcare providers in the area (Martinez 2008). The questions focused on the logistics of their visit to various clinics, if written resources were made available to them, and to simply describe their most memorable moment in the U.S. healthcare system (Martinez 2008). The analysis of the interviews from the study done by G. Martinez (2008) illustrated 3 common issues throughout: (1) the performative elevation of English, (2) the delitericazition of Spanish, and (3) ad hoc interpreting (Martinez 2008).

Through the performative elevation of English, or in other words, the providers inability to speak Spanish or preference to speak in English to patients known to be LEP individuals provided the patients with a sense of subordinate status in the system (Martinez 2008). One patient reported that even after asking for the information in Spanish in regards to medication usage, they were denied the information and only presented the usage information in English. Patients had to resort to using family members to decipher medical information which for people with chronic illness could have long term health effects if their family members had inadequate prior medical experiences (Martinez 2008).

The 'delitericazition' of Spanish leads to patients not being able to get print information needed in a variety of situations (Martinez 2008). As a result of English being preferred in medical situations, Spanish was sometimes construed as a less intelligent language than English. Also, in written forms of communication it was found that English was consistently preferred, and Spanish text was not always available (Martinez 2008). It was found that this written communication in English, which usually is accompanied with an oral explanation as well, was usually only explained orally if Spanish was communicated (Martinez 2008). The interaction pattern of broken English and Spanish along with a lack of Spanish print resources leads to a compromised transmission of health information.

The use of untrained interpreters was also found to be a consistently used alternative to communicate with LEP patients, ad hoc interpreting (Martinez 2008). It was found that most of the time nurses and medical assistants were used to provide language assistance, but patients revealed that they could tell that the healthcare

professional providing the care and the assistant providing the translation rarely connected or were on the same level of understanding of the care being provided. It was also discovered that some of the translations were found to be incorrect and hard to understand for some of the patients, providing a partial disclosure of medical information (Martinez 2008). Patients felt as if because they did not understand English they were looked over and had their quality of care compromised. The partial disclosure of information could cause both the LEP patient to interpret false information and the physician to have trouble with making a diagnosis as well. The mix of these three themes found throughout the 34 interviews conducted highlighted the necessity for change in the U.S. healthcare system (Martinez 2008).

Length of stay was also found to be affected if the patient did not receive proper medical interpretation at admission to the hospital or upon release (M. Lindholm et. al. 2012). By examining all LEP individuals in a tertiary hospital for 3 years, both their length of stay and readmission rates over a 30-day period were recorded (M. Lindholm et. al. 2012). In a study of over 3071 patients, only 39 percent of LEP patients received medical interpretation services upon admission and discharge from the medical facility they visited (M. Lindholm et. al. 2012). It was found that patients who did not receive medical translation upon both arrival and discharge from the facility saw an increase in their length of stay from an average of .75 days (patients who did receive) to a length of 1.47 days (M. Lindholm et. al. 2012). It was also concluded in the study that their risk of readmission to the medical facility before a 30 period had passed was much greater for LEP patients that did not receive adequate medical interpretation (M. Lindholm et. al. 2012).

Another study done in the Pacific Northwest examined if in pediatric medical emergencies LEP families were at a higher risk of experiencing serious medical errors than their English-speaking counterparts (A.L. Cohen et. al 2005). The case studied over 97 patients over a span of 5 years using a control group of 475 patients; the control group was selected from a group of patients that had no reported serious medical event while hospitalized. Serious medical events were defined as an event that had the potential for an unintended adverse outcome for the patient, which were identified by the hospital's quality improvement staff (A.L. Cohen et. al 2005). Although only 14.4 percent of the case patients and 11.2 percent of the control patients were assigned medical interpreters, overall there was no risk associated with families that requested medical interpreters when compared with families who did not make a request (A.L. Cohen et. al 2005). Interesting trends came out when the data was examined based on different subgroups. Spanish-speaking patients (11.3 percent of the case group, 5.5 percent of the control group) were found to have two times the risk of being affected by serious medical errors than families who did not need interpretive assistance (A.L. Cohen et. al 2005). The study concluded that although the large group did not see an increase in risk, the Spanish-speaking population had a much higher risk than any other subgroup when compared with their English speaking when pediatric patients are hospitalized and their families cannot communicate with healthcare providers with high efficacy.

From the above-mentioned literature it is somewhat clear that in other areas of the United States, occasionally where the healthcare system is much more developed than the state of Mississippi, the language barrier between Spanish speakers and healthcare providers is affecting the quality of care at their disposal. This thesis aims to add to

already written literature by: (1) illustrating the current situations facing LEP individuals in the Hattiesburg area as they seek medical attention to determine if a language barrier exist in Hattiesburg as window into the state of Mississippi, (2) recording how local providers feel their care is or is not affected by a lack of ability to communicate with LEP individuals, and (3) determining if LEP patients' overall health literacy is affected by their lack of ability to ask questions and fully understand diagnoses or proper modes of treatments and how their health literacy could be improved by better interactions with providers.

Chapter 3: Methodology

This research focuses on collecting qualitative data about the experiences of the individuals involved in situations with LEP patients in healthcare settings. Using a set questionnaire in an interview, healthcare providers who can and those who cannot speak Spanish were both sought out for participation in the study. The interviews sought to measure how often they interact with LEP patients and aimed to gain narrative from both physicians on their experiences with these individuals. It is important to note that the providers selected currently practice in the Hattiesburg area. These providers were sought out in the manner through which an LEP patient would have access to finding a provider, mostly through online advertisements and provider websites. To finish out the series of interviews, a medical interpreter, and eight EP patients were interviewed with set questionnaires focusing on gathering narratives from them about their experiences. The questionnaires aimed to first highlight the frequency of the interactions, followed by aiming to discuss methods of communication usually used by the patients, satisfaction level with communication, if the participant perceived that the quality of care provided was affected, if a patients' health literacy was affected, and in what ways the language barrier can be addressed. There were four different questionnaires, one for LEP patients, one for Spanish speaking providers, one for non-Spanish speaking providers, and one for a medical interpreter. The questionnaires can be seen in the appendix at the end of this project. The interviews gave participants an open dialogue about their experiences. The 20-30 minute interviews were recorded and referenced during the completion of the thesis. The patients were recruited through the University of Southern Mississippi's

English Language Institute and were all international students with experiences as patients in the United States, while the providers and the medical interpreter were contacted individually about their participation in the study. The students were at the University of Southern Mississippi for a two-month program. The provider and interpreter all work in the Hattiesburg area. All interview participants were given pseudonyms to protect their identity and to insure that no HIPPA violations occurred. Through analyzing the dialogue provided through interviews, providing different perspectives of the experiences of LEP patients in the Hattiesburg area, a conclusion can be drawn about the effects of the lack of ability to communicate between the patients and their providers.

Chapter 4: Results

Table 1: Patient 1 Interview	
Question 1	The patient indicated that they had attended a medical facility seeking treatment two times over their two-month stay in Hattiesburg.
Question 2	This patient indicated that they felt "frustrated" when they could not communicate adequately with their provider. The patient had the desire to be able to adequately communicate but could not accomplish this due to language barrier.
Question 3	The patient did not interact with any bilingual providers while in Hattiesburg and was not made aware of any specific bilingual providers in the area.
Question 4	The patient did not note a specific reaction (good or bad) from the provider whenever they could not communicate in English. The provider immediately began to look for help to communicate with the patient. The patient indicated that they were aware of the provider's desire to help the situation.
Question 5	The patient did not utilize the services of medical interpreters during their visits to healthcare facilities.
Question 5a	
Question 5b	The patient indicated that they would have utilized an interpreter if the service had offered.
Question 5c	The patient said that they rely heavily on gestures to communicate with the provider. For example, pointing to areas of pain or indicating a sore throat or runny nose by pointing to the front of the throat or nose.
Question 6	The patient indicated that they believed that their quality of care was affected in a negative manner due to them lacking the ability to adequately communicate with the provider. The patient focused on the explanatory aspects of a medical visit and how a lack of understanding did and could occur as far as diagnosis goes.
Question 6a	Patient 1 believed that more bilingual doctors could help alleviate the problems that lead to a difference in the quality of care experienced by LEP patients.
Question 6b	
Question 7	This patient believed that LEP patients' overall ability to understand their own health was affected by the lack of ability to communicate with a provider.
Question 7a	A lack of explanation from the provider hurts LEP patients' ability to make informed decisions and to comply after their diagnosis.
Question 7b	Patient 1 indicated that some of the responsibility to alleviate the problem of health literacy being affected is on the patient to do their own research before their visit with the provider and after. Self-education was indicated to be a way for the difference to be compensated for.
Question 7c	
Question 8	Patient 1 believes that more bilingual providers would help the healthcare system in the U.S., but also indicated that they understood the difficulty in learning another language speaking from personal experience in attempting to learn English. Visual aids in exam rooms providing simple translations could also be an easier and more cost effective fix.

Table 2: Patient 2 Interview	
Question 1	The patient indicated that they had attended a medical facility seeking treatment one time over their two-month stay in Hattiesburg.
Question 2	This patient indicated that they felt "frustrated" when they could not communicate adequately with their provider. The patient described trying to communicate with the provider but eventually got quiet due to the level of frustration they felt.
Question 3	The patient did not interact with any bilingual providers while in Hattiesburg and was not made aware of any specific bilingual providers in the area. Although they did not encounter any bilingual providers in the area, they did experience a bilingual worker in the clinic they visited.
Question 4	The patient did not indicate that there was a specific reaction to them not being able to speak English. Indicated that the provider did look for help after understanding the situation.
Question 5	The patient did not utilize the services of medical interpreters during their visits to healthcare facilities.
Question 5a	
Question 5b	The patient indicated that they would have utilized an interpreter if the service had been offered.
Question 5c	This patient indicated that gestures were used frequently when oral communication was not sufficient.
Question 6	The patient indicated that they believed that their quality of care was affected in a negative manner due to them lacking the ability to adequately communicate with the provider.
Question 6a	Patient 2 believed that in order to alleviate the problem of a difference in the quality of care is that every clinic could have at least 1 bilingual employee to help in these situations.
Question 6b	
Question 7	Patient 2 indicated that they thought it is possible that their overall health literacy was affected by their inability to adequately communicate with their physician. They also indicated that no matter what language is spoken, if the provider doesn't take the time to adequately explain a diagnosis or treatment plan, then it could occur anyway.
Question 7a	The lack of ability of the provider to explain exactly what is going on could hurt the patient's ability to understand their illness.
Question 7b	This patient believed that no matter the language being spoken that providers needed to take the time to present medical information in a thorough and understandable manner for health literacy to not be affected in a negative manner for patients.
Question 7c	
Question 8	This patient indicated the need for more bilingual employees in general in healthcare environments, not necessarily just providers. This patient also brought up visual aids in exam rooms being a source of help for LEP patients.

Table 3: Patient 3 Interview	
Question 1	The patient indicated that they had attended a medical facility seeking treatment two times over their two-month stay in Hattiesburg.
Question 2	This patient indicated that they felt "bad" when they could not speak with their provider. They wanted to be able to hold a conversation but simply could not.
Question 3	The patient did not interact with any bilingual providers while in Hattiesburg and was not made aware of any specific bilingual providers in the area.
Question 4	Patient 3 indicated that there was no specific reaction to their inability to communicate in English, but that their provider knew at least a few words in Spanish and used them with them. The patient indicated that even just a few words in Spanish helped alleviate stress for the patient.
Question 5	The patient did not utilize the services of medical interpreters during their visits to healthcare facilities.
Question 5a	
Question 5b	The patient indicated that they would have utilized an interpreter if the service had been offered.
Question 5c	This patient indicated that they would use hand gestures to communicate if oral communication was not sufficient.
Question 6	This patient believed that the overall quality of care received was affected by the inability to communicate orally and focused on the lack of explanation available from the provider due to this inability.
Question 6a	Patient 3 believed that more bilingual workers in clinics could help alleviate the problem of the quality of care being affected.
Question 6b	
Question 7	This patient thought that it is possible that their health literacy could be affected by this lack of ability to orally communicate. Once again, they focused on the inability of an adequate explanation of their illness and treatment to be delivered.
Question 7a	This patient indicated that if they as a patient did not understand what was actually wrong, then they could not easily comply with treatment.
Question 7b	This patient thought that more providers could be bilingual to provide better explanations of their health, but also acknowledged the complexities of the Spanish language and how dialects could affect these communications.
Question 7c	
Question 8	Overall, this patient believed that increased bilingual employees and access to translators was the key to alleviating some of the problems they discussed.

Table 4: Patient 4 Interview	
Question 1	The patient indicated that they had attended a medical facility seeking treatment two times over their two-month stay in Hattiesburg.
Question 2	Patient 4 indicated that they felt "bad" that they could not use English to communicate their symptoms to the provider. They felt frustrated that they couldn't help the provider with their care due to not being able to explain exactly what was going on.
Question 3	The patient did not interact with any bilingual providers while in Hattiesburg and was not made aware of any specific bilingual providers in the area.
Question 4	The patient did not indicate a specific reaction the provider had upon discovery that the patient could not communicate in English. The provider used some words in Spanish that they knew which the patient indicated helped them relax greatly, and that the provider really wanted to understand and help the patient.
Question 5	The patient did not utilize the services of medical interpreters during their visits to healthcare facilities.
Question 5a	
Question 5b	The patient indicated that they would have utilized an interpreter if the service had been offered, but that they would have only used it if the price of interpreters were cheap or completely free.
Question 5c	This patient indicated the importance of body language and gestures in order to communicate with their provider.
Question 6	This patient believed that the overall quality of care received was affected by the inability to communicate orally and focused on the lack of explanation available from the provider causing the difference in care.
Question 6a	This patient indicated that they thought more visual aids in exam rooms would help with this problem. Also, they brought up the idea of the government encouraging providers to learn another language to help with LEP patients.
Question 6b	
Question 7	Patient 4 thought it was possible for LEP patient health literacy to be affected by the inability of proper explanations of diseases.
Question 7a	
Question 7b	Bilingual providers could help alleviate the problems in health literacy that comes from a lack of explanation or education about illnesses. It was also said that doctors must speak "simply" to patients in a way that they can understand.
Question 7c	
Question 8	This patient once again brought up the potential for the U.S. government to encourage the learning of second languages by providers or interpreters being always available at medical facilities.

Table 5: Patient 5 Interview	
Question 1	The patient indicated that they had attended a medical facility seeking treatment two times over their two-month stay in Hattiesburg.
Question 2	The patient indicated that other students in the program had explained to the patient what their visit would be like, so the patient did not feel bad or any specific emotion whenever the patient visited the appointments. An English-speaker from the ELI office accompanied the patient so communication was not a large issue.
Question 3	The patient did not interact with any bilingual providers while in Hattiesburg and was not made aware of any specific bilingual providers in the area.
Question 4	The patient indicated that they received a negative reaction from the provider when it was discovered that the patient could not speak English. The patient described feeling like "the scum of the earth" due to the negative reaction from the provider.
Question 5	The patient did not utilize the services of medical interpreters during their visits to healthcare facilities, but was accompanied by a bilingual speaker from the ELI office.
Question 5a	
Question 5b	The patient indicated that they would have utilized an interpreter if the service had been offered, but the bilingual speaker from ELI was there.
Question 5c	During the visits the patient relied heavily on the bilingual speaker from the ELI office to communicate.
Question 6	Without the bilingual speaker from ELI the patient believes that the quality of care would have been affected in a negative manner.
Question 6a	The patient indicated that translators in every clinic would alleviate the problem of lessened quality of care.
Question 6b	
Question 7	The patient indicated that their overall health literacy could definitely be affected by the inability to orally communicate with their provider.
Question 7a	The patient discussed how not knowing exactly what illness they have and how to make health decisions could be impossible if they had no real explanation of their sickness. The patient spoke from experience about in a pharmacy not being able to describe her symptoms to properly treat her illness with over the counter medication.
Question 7b	The patient believed that more interpreters could help with this problem. Also, the patient brought up technology and how translation is becoming more and more accessible through various technological advances.
Question 7c	
Question 8	Patient 5 further discussed how translation services could help LEP patients with their healthcare visits on a wide scale.

Table 6: Patient 6 Interview	
Question 1	The patient indicated that they had attended a medical facility seeking treatment one time over their two-month stay in Hattiesburg.
Question 2	This patient indicated a feeling of frustration when trying to communicate with their provider.
Question 3	The patient did not interact with any bilingual providers while in Hattiesburg and was not made aware of any specific bilingual providers in the area.
Question 4	The patient indicated that the provider did not say anything to them at all after understanding that the patient was LEP. There was no specific reaction from the provider other than an abandonment of oral communication.
Question 5	The patient did not utilize the services of medical interpreters during their visits to healthcare facilities.
Question 5a	
Question 5b	The patient believed that it would have been easier if an interpreter would have been involved and would have used the service if offered. A bilingual speaker from the ELI office accompanied the patient for the visit.
Question 5c	The patient indicated that they relied heavily on the bilingual speaker from the ELI office for communication during the visit.
Question 6	The patient did believe that the quality of care would have been affected if the bilingual speaker had not accompanied them.
Question 6a	Patient 6 believed that translators would help alleviate the problem of the quality of care provided being lowered.
Question 6b	
Question 7	The patient indicated that they believed their overall health literacy could be negatively impacted due to a lack of explanation from the provider.
Question 7a	The lack of explanation could make understanding their own illnesses difficult. This could prevent them from making healthy choices after the fact.
Question 7b	The patient once again discussed how increased access to interpreters could help this issue of negatively impacted health literacy.
Question 7c	
Question 8	The patient discussed how access to interpreters in every clinic would help alleviate many of the problems discussed during the interview.

Table 7: Patient 7 Interview	
Question 1	The patient indicated that they had attended a medical facility seeking treatment one time over their two-month stay in Hattiesburg.
Question 2	The patient indicated that they "did not feel very well" when they couldn't talk with their provider, but was assisted by a bilingual speaker from the ELI office.
Question 3	The patient did not interact with any bilingual providers while in Hattiesburg and was not made aware of any specific bilingual providers in the area.
Question 4	The patient indicated that when the provider realized that they were unable to speak Spanish the provider made an effort to comfort the patient and help them understand that everything was going to be fine.
Question 5	The patient did not utilize the services of medical interpreter during their visits to healthcare facilities.
Question 5a	
Question 5b	The patient indicated that if translation services were offered they would have used them, but since there was a bilingual speaker from the ELI office they utilized them.
Question 5c	Due to the bilingual speaker accompanying the patient on the visits, the patient indicated using this speaker as a source of translation in order to communicate with the provider.
Question 6	The patient indicated that they do believe a patient's quality of care is affected by not being able to orally communicate with their providers. They believe open conversations are very important during a medical visit.
Question 6a	A way the patient believed this could be improved is through offering translations services or at least checking with the patient to see if they are interested in utilizing the service.
Question 6b	
Question 7	Patient 7 indicated that they believed it was possible that a patient's overall health literacy can be affected by a lack of ability to orally communicate with their provider.
Question 7a	They believed it could stem from a lack of ability for an open dialogue between patient and provider that furthers a patient's understanding of their current health outlook and how to properly manage their self-care.
Question 7b	The patient discussed how having a bilingual speaker in the room with them really helped open up a conversation and allowed for questions to be answered. The patient spoke about interpreters being a source of help to alleviate this problem.
Question 7c	
Question 8	The patient discussed how access to interpreters in every clinic would help alleviate many of the problems discussed during the interview. Interpreters would allow for an open conversation between patient and provider.

Table 8: Patient 8 Interview	
Question 1	The patient indicated that they had attended a medical facility seeking treatment two times over their two-month stay in Hattiesburg.
Question 2	The patient felt slightly embarrassed during their visit because they couldn't understand and follow directions during their examination. It was frustrating to not understand the directions and also not be able to ask questions for clarification.
Question 3	The patient did not interact with any bilingual providers while in Hattiesburg and was not made aware of any specific bilingual providers in the area.
Question 4	The patient did not indicate any specific reaction from the provider when they discovered that the patient could not speak in English and that the provider did their best to understand and communicate back to the patient.
Question 5	The patient did not utilize the services of medical translator during their visits to healthcare facilities.
Question 5a	
Question 5b	The patient indicated that it "would have been easier" if a medical interpreter was able to assist the patient on her visits. A bilingual speaker from the ELI office accompanied the patient, but the patient still indicated a desire for an interpreter.
Question 5c	Due to the bilingual speaker accompanying the patient on the visits, the patient indicated using this speaker as a source of translation in order to communicate with the provider.
Question 6	They believe that the quality of care in these situations could be affected by a lack of ability to orally communicate between a patient and provider, but indicated on their specific visits due to the accompaniment of a bilingual speaker that their visits "worked out okay".
Question 6a	This patient once again indicated that they believed medical interpreters could play a large role in alleviating this problem.
Question 6b	
Question 7	The patient did believe that a patients overall understand of their own health could be affected by a lack of communication between patient and provider, but also indicated that they did not think it was impossible to understand their own health because they take the time to understand their body themselves.
Question 7a	This patient focused on the area of compliance with treatment and prevention indicating that it is more difficult for LEP patients to comply due to a lack of understanding caused by a lack of explanation from the provider.
Question 7b	The patient believed that information about the illness and compliance could be printed and offered in Spanish. They also believed that medical interpreters could play a role in alleviating this problem.
Question 7c	
Question 8	The patient discussed how access to interpreters in every clinic would help alleviate many of the problems discussed during the interview. The patient used the words 'it would be excellent" in Spanish if this were the case with interpreters.

Table 9: Non-Spanish Speaking Provider Interview	
Question 1	The provider indicated that they play a part in the treatment of LEP patients on a weekly basis.
Question 2	The main difficulty the provider sees while treating LEP patients is that the patients come without a translator and there is not one offered at the facility the provider practices. The provider also indicated that there are a lot of medical terminologies that LEP patients have a hard time understanding even if an interpreter is utilized due to various issues.
Question 3	The provider indicated that LEP patients are asked to bring someone to translate for the visit, but the clinic doesn't offer this service. The provider also indicated that he believed there is a phone somewhere in the office that is for translation. The provider utilizes some Spanish words to make patients feel more comfortable during their visit, and uses hand gestures as well.
Question 4	The provider on a scale of 1-5 indicated that they are a 4 on a scale of satisfaction with measures in place to provide care to LEP individuals. The provider said that usually the patient brings in an interpreter.
Question 5	The provider on a scale of 1-5 indicated that they are a 4 on a scale of ability to communicate with LEP individuals. The provider said this was a result of the patients usually bringing someone to interpret the visit.
Question 6	The provider said that they "definitely" believed that the quality of care they provide is affected if they cannot adequately communicate orally with the patient.
Question 6b	
Question 6c	Due a lack of ability to orally communicate, sometimes symptoms cannot be adequately expressed and explained by patients. The provider said this makes diagnosis much more difficult in the case of LEP patients without interpreters. As a result, the provider had to rely solely on clinical manifestations to diagnose these patients. The provider also discussed how to a certain degree they could only hope that the patient is compliant with medication and prevention after their visit.
Question 6d	The provider said some of these problems could be avoided by the better use of technology. The provider specifically brought up the development of a translation app that worked sufficiently enough to be used real time in clinical settings.
Question 7	The provider believed "for sure" that a patients overall health literacy is negatively affected if they cannot have an open conversation with their provider about their disease state. The provider said that it is difficult to spend time going into educational aspects of an illness if they don't even know if the patient is comprehending simple questions in English. The doctor wishes there were ways to communicate with LEP patients that were more time efficient and more easily accessible like reliable mobile apps.

Table 10: Medical Interpreter Interview	
Question 1	The medical interpreter said that their services are used on a daily basis, most days multiple times a day.
Question 2	The interpreter indicated that they did not believe that their services were used enough due to some providers in the area refusing to use the services offered for various reasons ranging from time restraints to personal beliefs.
Question 3	The provider said that the majority of the medical staff they encountered while in the healthcare environment interpreting were "kind" to both the interpreter and the patients involved. It was said that some providers who have a negative connotation in regards to interpretation and the lack of LEP patients to speak in English simply don't use the medical interpreter's services. Another important note is that the interpreter discussed that up to 90 percent of providers don't actually know how to use an interpreter, they stop talking to the patient entirely and only talk to the interpreter which is incorrect. The interpreter thinks simple training on interpreter use could help this problem.
Question 4	
Question 5	Providers in the Hattiesburg area are not required to supply medical interpretation for their LEP patients, so it is simply up to the office manager and receptionist to contact the interpreter for their services.
Question 6	The medical interpreter indicated that on a scale of 1-5 in terms of satisfaction with current measures in place to care for LEP patients the interpreter was at a 4 for patients who were able to utilize their services.
Question 7	The interpreter talked about various effects their services have for patients (1) the entire visit for the patient is more efficient and effective (2) LEP patients feel much more comfortable with an interpreter there (3) the interpreter helps patients trust the provider and the care being provided more (4) the patients are able to better understand their illnesses and how to comply with medication and prevention.
Question 8	The interpreter does believe that the patients' quality of care provided is affected in a negative way if the services of the interpreter are not utilized.
Question 9	The interpreter indicated that due to their ability to explain diagnosis and disease states they have a role in increasing the health literacy of LEP patients. It also helps the patients comply and get healthy faster because they are more aware about what is actually going on in their body.
Question 10	The interpreter pointed out a place overlooked by many and said that if every office or clinic system had at least one bilingual receptionist or manager that it would be a large help with the communication with these patients. Simple things like scheduling are made extremely difficult due to patients not having the ability to clarify appointment times, locations, etc. Bilingual receptionist and managers would also be more likely to call to use the interpreter's services for the medical visit.

Spanish-Speaking Provider:

After seeking out a Spanish-speaking provider the same way that a prospective patient would seek out a provider, the primary researcher for the project could not find a provider listed online as a bilingual provider. As a result, although intended at the onset of the project, no Spanish-speaking provider could be interviewed for the project. The lack of ability to find a provider is a significant result in and of itself.

Chapter 5: Discussion

The three research questions that the study sought to determine if: (1) a language barrier exists in healthcare in the Hattiesburg, (2) if the quality of care of LEP patients is affected due to issues with communication, and (3) if the health literacy of LEP patients is negatively affected by the inability of patients to communicate with their providers? All were addressed through the eight patient interviews along with the provider and medical interpreter interviews.

First of all, all 10 interviewees acknowledged that problems do occur for LEP patients in regards to holding an open dialogue with their providers. Patients also explicitly stated when asked how they felt when they couldn't speak with the their providers (Question 2 on Tables 1-8) that they repeatedly felt frustrated. Patient 5 went on to even say that they felt like "mala de la tierra" or scum of the earth, while Patient 8 said they even felt embarrassed by their inability to speak in English to the provider. The provider discussed the difficulty in communicating with LEP patients especially when they came to the office without a medical interpreter. It was interesting to note that over a 2 month period the 8 Panamanian student patients had went to a medical facility for assistance a combined 13 times, never to encounter a bilingual provider or utilize the services of a medical interpreter. One area multiple patients brought up where they encountered a language barrier was with staff in pharmacies as well, for most patients interviewed the language barrier followed them throughout their care. The dialogue of the 10 interview participants clearly indicated that there is a language barrier in healthcare settings in the Hattiesburg, MS area.

All 10 interviews also were in agreement that the language barrier found between the patients and their providers negatively affects the overall quality of care of LEP patients (Question 6 in Tables 1-9, Question 8 in Table 10). The majority of dialogue surrounding this question from the participants involved not being able to adequately describe symptoms to their provider. The provider specifically pointed out the difficulty in relying on clinical manifestations for diagnosis and talked about the importance of the patient explaining their symptoms as the patient knows their body better than anyone. If patients cannot tell their provider what is wrong, the initial diagnosis is immensely more difficult which sometimes causes delays, which in healthcare can sometimes lead to adverse outcomes for patients. The medical interpreter discussed how because the provider cannot adequately explain or ask questions of the patient, sometimes they have witnessed providers spend less time with the patient which could potentially lead to less thorough care. Overall, the stories and perceptions of all 10 participants indicated that a patient's overall quality of care provided is and could be negatively impacted by the inability of patients and providers to orally communicate.

Finally, all 10 interviews believed that LEP patients' overall understanding of their own health, or health literacy, is and could be affected by the inability of the patient and provider to have an open line of communication. In order for a patient to fully understand their diagnosis, treatment plan, and how to prevent furthering of their disease state they usually need a good explanation of their disease and what it is doing to their body. The majority of dialogue surrounding this topic highlighted the confusion that some patients felt on what was actually going on with their health and how to adequately comply with treatment option. The provider highlighted that it is impossible for them to

adequately explain an illness to an LEP patient without the help of an interpreter. The provider explicitly said that it is impossible to go into an educational part of a medical visit if they are not fully sure that the patient understands even simple questions. As a result, LEP patients do not always get the same educational information as their English-speaking counterparts. The medical interpreter talked about how her services can really help in this specific area. First of all, the interpreter helps to make the patient feel more comfortable and trusting of the healthcare provider, allowing for better rapport to develop. Secondly, the LEP patient can fully understand their diagnosis and what their treatment plan will entail. The interpreter provided examples of patients who even act like they are complying with a treatment plan in order to make the provider feel like they are listening when in reality they did not fully grasp the treatment plan from the beginning. One patient even pointed out the importance of providers to provide explanations in simple terminology in either Spanish or English so that the patient can fully grasp what is going on with their health. Another note made by a patient is regardless of a language barrier, patients in their opinion still have a responsibility to research their illnesses to better understand. According to the medical interpreter, health literacy is what keeps patients happy, healthy, and out of medical facilities. Through the dialogue and stories of all 10 participants, LEP patients' health literacy is negatively impacted by a lack of ability to orally communicate between patients and providers.

At the onset of the project, the primary researcher wanted to search for a bilingual provider in the Hattiesburg area. After using the same methods that a prospective patient would use which can be seen in the methods section, the primary researcher could not find a bilingual provider to participate in the study. The lack of ability to easily locate

bilingual providers in the area shows the lack of accessibility that LEP patients have when seeking out medical help.

There were three themes that ran throughout the interviews that were either illustrated by participant experiences or even said aloud. The first theme that could be felt in all 10 interviews was a certain level of frustration. All parties involved at some point had become frustrated or experienced a negative feeling to the difficulties presented in these healthcare situations. Patients felt frustrated that they could not help the provider care for them through telling them what was wrong, that they could not ask questions of the providers in order to fully understand their diagnosis, and some that they could not speak just English with the provider. The provider found frustration in not fully being able to care for patients that weren't accompanied by interpreters. It was obvious that the provider wanted the best for their patients and simply found it difficult to care for them due to the language barrier found between the two. As a provider, there is a responsibility to provide the highest possible standard of care for all patients; it was clear that the inability to communicate put that at risk. The medical interpreter found an area of frustration in some provider's unwillingness to use their services despite the provider not having to pay for the service. The medical interpreter also found frustration in some of the office staff's unwillingness to use the services offered despite it not costing the provider financially.

Although frustration was evident, optimism was as well. Only 1 of the 7 patients reported that a provider had an outright negative reaction to their inability to communicate in English and that the majority of providers simply looked to help the patient be as comfortable as possible. One provider in particular that the patients had used

even tried using simple words and phrases in their interactions in order to help the patient feel comfortable in the somewhat intimidating environment of an exam room. Patients raved about this provider even greeting them in Spanish, an easy way that most providers can gain rapport and trust with LEP patients right from the get-go. Patients overall were not unsatisfied with their experiences and were very quick to point out the positives like being greeted in this manner, or even seeing a visual aid on the back of a door in Spanish. The provider was optimistic about the future of healthcare with LEP patients and was eager to participate in the conversation. The medical interpreter had optimism about the changes to come to healthcare and the prospect of more bilingual providers moving to the United States from other countries like Venezuela and Peru.

Finally, all participants had a desire to see positive change for LEP patients in the Hattiesburg area and all had constructive ways that the change could occur. Some patients really felt as if an increase in the accessibility of interpreters would alleviate the majority of the problems that occur in medical situations involving LEP patients: suggesting interpreters at every clinic. Patients also stressed the importance of even just knowing small amounts of Spanish and how from personal experience it can greatly improve the outcomes of a medical visit. The medical interpreter felt the same way about increased accessibility to interpreters and added that providers should be trained on the proper way to utilize interpreting services. The medical interpreter also suggested that each clinic could have a bilingual receptionist to assist in the scheduling of LEP patients as many times the interpreter is contacted after hours to assist in scheduling. The provider spoke on more providers learning a second language, even speaking about their own motivation to become more proficient in Spanish, and also suggested an accessible

mobile app to help translate more quickly. Every interviewee acknowledged the complexities of improving care, but all had positive suggestions on how simple improvements could be made.

Chapter 6: Conclusion

Many studies have been done throughout the United States in regards to the effects of the language barrier found in healthcare. This study provided information on the current state of healthcare for LEP patients in the Hattiesburg, MS area from multiple perspectives. The interview dialogues provided answers to three main research questions: whether or not a language barrier existed for LEP patients in Hattiesburg, MS, whether the quality of care of LEP patients was affected by the inability of the provider and patient to orally communicate, and if LEP patients' health literacy was affected by this lack of ability to communicate. Eight patients along with a non-Spanish-speaking provider and a medical interpreter were interviewed and the results indicated that there is a language barrier felt in the Hattiesburg medical community, LEP patients' perceived quality of care is affected due to the inability to communicate, and their overall health literacy is perceived to be affected as well. Interviewees from all perspectives were frustrated, yet optimistic about the future of LEP patient care and offered suggestions on ways to improve patient outcomes. A bilingual provider was not able to be located for participation in the study. The participants provided a clear picture of the current situation facing LEP patients.

There are a few limitations to this study. First of all, the sample size of eight patients, one non-Spanish-speaking provider, and one medical interpreter could limit the scope and reliability of the research. Second, the study lacks the perspective of a bilingual provider due to none being able to be located under the same devices a prospective patient would have. This perspective could have added more depth to the research and

thesis as a whole. Although limitations were present, the study provides many perspectives and paints a vivid picture.

This study is merely the beginning of the conversation about LEP patient experiences in the Hattiesburg area. Future research in this area could discuss provider likelihood to utilize interpreters or even seek learning another language themselves. It would also be extremely interesting to launch a study on how a patient's country of origin affects their mentality about healthcare and their own health. Finally, health literacy could be explored more in order to see how a LEP patient's health literacy affects the amount of money they spend on healthcare a year: a potentially largely insightful method to study costs for Medicare and Medicaid. Overall, through including multiple perspectives, the goal to shine a light on the experiences of these LEP patients, to really examine if a language barrier exists in healthcare in Hattiesburg, to determine if the quality of care provided to these patients is negatively affected, and to determine if the language barrier affects patient health literacy was accomplished.

Literature Cited

Chen, Alice, Mara Youdelman, and Jamie Brooks. "The Legal Framework for Language Access in Healthcare Settings: Title VI and Beyond." *J Gen Intern Med.* Suppl 2. (2007): 362-367. *PMC.* Web. 01 Feb. 2017.

Cohen, A.L. Rivara, F. Marcuse, E.K. McPhillips, H. Davis, R. "Are language barriers associated with serious medical events in hospitalized pediatric patients?" *Pediatrics* 116 Issue 3. (2005): pp 575-579. Web. 03 Mar. 2017.

"Health Literacy Measurement Tools (Revised)." AHRQ—Agengy for Healthcare Research and Quality: Advancing Excellence in Health Care. U.S. HHS: Agendy for Healthcare Research and Quality, 19 Nov. 2014. Web. 01 Apr. 2017.

Lee, SY. Stucky, BD. Lee, JY. Rozier, RG. Bender, DE. "Short Assessment of Health Literacy Spanish and English: a comparable test of health literacy for Spanish and English speakers." *Health Serv. Res. Issue 45 (2010)(4):* pp 1105-20. Web. 29. Mar. 2017.

Lindholm, M. Hargraves, J.L. Ferguson, W.J. Reed, G. "Professional language interpretation and inpatient length of stay and readmission rates." *Journal of Internal Medicine* 27 Issue 10. (2012): pp 1294-1299. Web. 03 Mar. 2017.

Martinez, G. "Language-in-healthcare policy, interaction patterns, and unequal care on the U.S.-Mexico border." *Language Policy 7.* Issue 4. (2008): pp 345-363. Web. 03 Mar. 2017.

Stonbraker, Samantha, Rebecca Schnall, and Elaine Larson. "Tools to Measure Health Literacy among Spanish Speakers; an Integrated Review of the Literature." *Patient Education and Counseling* 98. 12 (2015): 1513+. *ScienceDirect.* Web. 01 Feb. 2017.

Silo, T., Joshi, M. "Surgeon's perceptions of the impact of language barriers in the delivery of healthcare." *International Journal of Surgery 23* Suppl 1. (2015): S42. *ScienceDirect.* Web. 03 Mar. 2017.

"2010 Census Interactive Population Search". http://www.census.gov/2010census/popmap/

Appendix

Spanish Speaking Patient Questions (Actual used):

1. ¿Con que frequencia vas al médico?

Cada Semana	Cada Dos Semanas	Cada Mes	Dos Veces Para Año	Otro

2. ¿Como te sientes cuando no puede comunicar con su médico o los otros gente en este entorno? Di me sobre tu experiencias.

3. ¿Hay un tiempo cuando el médico podía hablar en Español? ¿Como te sentiste?

4. ¿Que reacción recibes de los médicos cuando no puedes hablar en Ingles? ¿Como te sientes sobre eso?

5. ¿Ha utilizado los servicios de un traductor médico?

5a. (si sí) ¿Piensas que te ayudó? ¿Como? Dime sobre este experiencia.

5b. (si no) ¿Querías usar un traductor? ¿Como comunicaste con el médico?

5c. (si sí o no) ¿Normalmente que haces para comunicar con el médico?

6. ¿Piensas que la calidad de la asistencia esté afectado por que el médico no puede hablar con tú?

6a. (si sí) ¿Que podemos hacer para aliviar este problema?

6b. (si no) ¿Como piensas la asistencia no esté afectado?

7. ¿Piensas que es más difícil para entender su propio salud por que no puede comunicar con el médico?

7a. (si sí) ¿Como afecta tu aptitud para entender?

7b. (si sí) ¿Como podemos hacer para aliviar este problema?

7c. (si no) ¿Por que no? Como aprendes sobre su salud?

8. ¿Que cambiaría sobre nuestra sistema de asistencia médica para ayudar con pacientes que no pueden hablar ingles con fluidez?

Spanish Speaking Patient Questions (Translation):

1. How often do you go to the doctor?

Every Week	Every Two Weeks	Every Month	Two Times per Year	Other

2. How do you feel when you can't communicate with your doctor or other people in this environment? Tell me about your experiences.

3. Are there times when the doctor can speak in Spanish? How does that make you feel?

4. What reaction do you receive from doctors who cannot speak Spanish? How do you feel about it?

5. Have you used the services of a medical translator?

5a. (if yes) Do you think this helped? How? Tell me about this experience.

5b. (if no) Did you want a translator? How did you communicate with the doctor?

5c. (if yes or no) Normally, how do you communicate with your doctor?

6. Do you think the quality of care you receive is affected because the doctor can't speak to you?

6a. (if yes) What can we do to alleviate this problem?

6b. (if no) How do you think the care is not affected?

7. Do you think it is more difficult to understand your own health because you can't communicate with your doctor?

7a. (if yes) How does it affect your ability to understand?

7b. (if yes) What can we do to alleviate this problem?

7c. (if no) Why not? How do you learn about your health?

8. What should be changed about our healthcare system in order to help with patients who can't speak English fluently?

!

!

Non$Spanish-Speaking-Provider-Questions:-+

!

1. How!often!do!you!interact!with!LEP!patients?!!!

!

Every-Day+	Every-Week+	Every-Other-Week+	Every-Month+	Other+

!

2. What!are!some!of!the!main!types!of!problems!that!you!see!in!this!specific! population?!!

!

3. What!types!of!protocol!are!in!place!for!you!to!communicate!with!these!patients?!!

!

4. On!a!scale!of!1Æ5!(1!being!not!satisfied!at!all,!5!being!extremely!satisfied),!how! satisfied!are!you!with!the!measures!in!place!at!your!place!of!work!in!regards!to! providing!care!to!LEP!individuals?!!

!

1+	2+	3+	4+	5+

+

!

5. On!a!scale!of!1Æ5!(1!being!low,!5!being!high)!how!sufficiently!are!you!able!to! communicate!with!these!LEP!patients?!!

!

1+	2+	3+	4+	5+

!

6.!Do!you!feel!as!if!your!overall!quality!of!care!provided!is!affected!by!the!language!!!!!! barrier!that!separates!the!physician!and!the!patient?!!!!+

YES+	NO+

+

!

6b.!(If!no)!How!has!the!protocol!in!place!helped!you!to!insure!that!your!care!is!not! affected?!!

!

6c.!(If!yes)!In!what!ways!do!you!believe!that!the!quality!of!care!provided!is!affected?!!

!

6d.!(If!yes)!What!do!you!believe!could!be!done!to!eliminate!this!lessening!of!care?!!

!

7.!Do!you!believe!that!the!physician's!lack!of!ability!to!communicate!with!the!patient! affects!their!overall!health!literacy?!!

!

!

!

!

!

!

Interview Questions for Medical Interpreter:

1. How often do you interact with LEP patients?

Every Day	Every Week	Every Other Week	Every Month	Other

2. Do you think your services are utilized enough? If not, explain.

3. What has been your experience with providers and patients when your services were used? Were they receptive, gracious, etc.?

4. What are some of the main types of problems that you see in this specific population?

5. What types of protocol are in place for you to be used as a resource for these patients?

6. On a scale of 1-5 (1 being not satisfied at all, 5 being extremely satisfied), how satisfied are you with the measures currently in place in regards to providing care to LEP individuals?

1	2	3	4	5

7. What do you think your services do to impact the patients' experience in healthcare environments?

8. Do you think a patient overall quality of care is affected along with their overall health literacy if your services are not used?

9. How do you feel that your services impact the patients overall health literacy?

10. What changes would you like to see in healthcare for LEP patients and what role do you think translators have in this change?

Spanish Speaking Provider Questions:

1. How often do you interact with LEP patients?

Every Day	Every Week	Every Other Week	Every Month	Other

2. What are some of the main types of problems that you see in this specific population?

3. What types of protocol are in place for you to communicate with these patients?

4. On a scale of 1-5 (1 being not satisfied at all, 5 being extremely satisfied), how satisfied are you with the measures in place at your place of work in regards to providing care to LEP individuals?

1	2	3	4	5

5. How do you believe your ability to communicate with the patient helps in the process of providing care?

6. Do you feel that other physicians that cannot speak Spanish experience difficulty when providing care to LEP patients?

YES	NO

6b. (If no) What do you believe is the reason these physicians can still provide the same care they provide to English speakers?

6c. (If yes) What ways do you believe that patient care is affected?

6d. (If yes) What do you believe could be done to alleviate some of the difference of care provided?

7. Do you believe patients overall health literacy is affected by their lack of ability, or in your case, ability to communicate with their providers?

THE UNIVERSITY OF
SOUTHERN MISSISSIPPI.

INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 39406-0001
Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
  Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 17111606
PROJECT TITLE: The Language Barrier Found in Healthcare
PROJECT TYPE: Honor's Thesis Project
RESEARCHER(S): Jacob Garrett
COLLEGE/DIVISION: College of Arts and Letters
DEPARTMENT: Foreign Languages and Literature/Spanish
FUNDING AGENCY/SPONSOR: N/A
IRB COMMITTEE ACTION: Exempt Review Approval
PERIOD OF APPROVAL: 02/08/2018 to 02/07/2019
Lawrence A. Hosman, Ph.D.
Institutional Review Board